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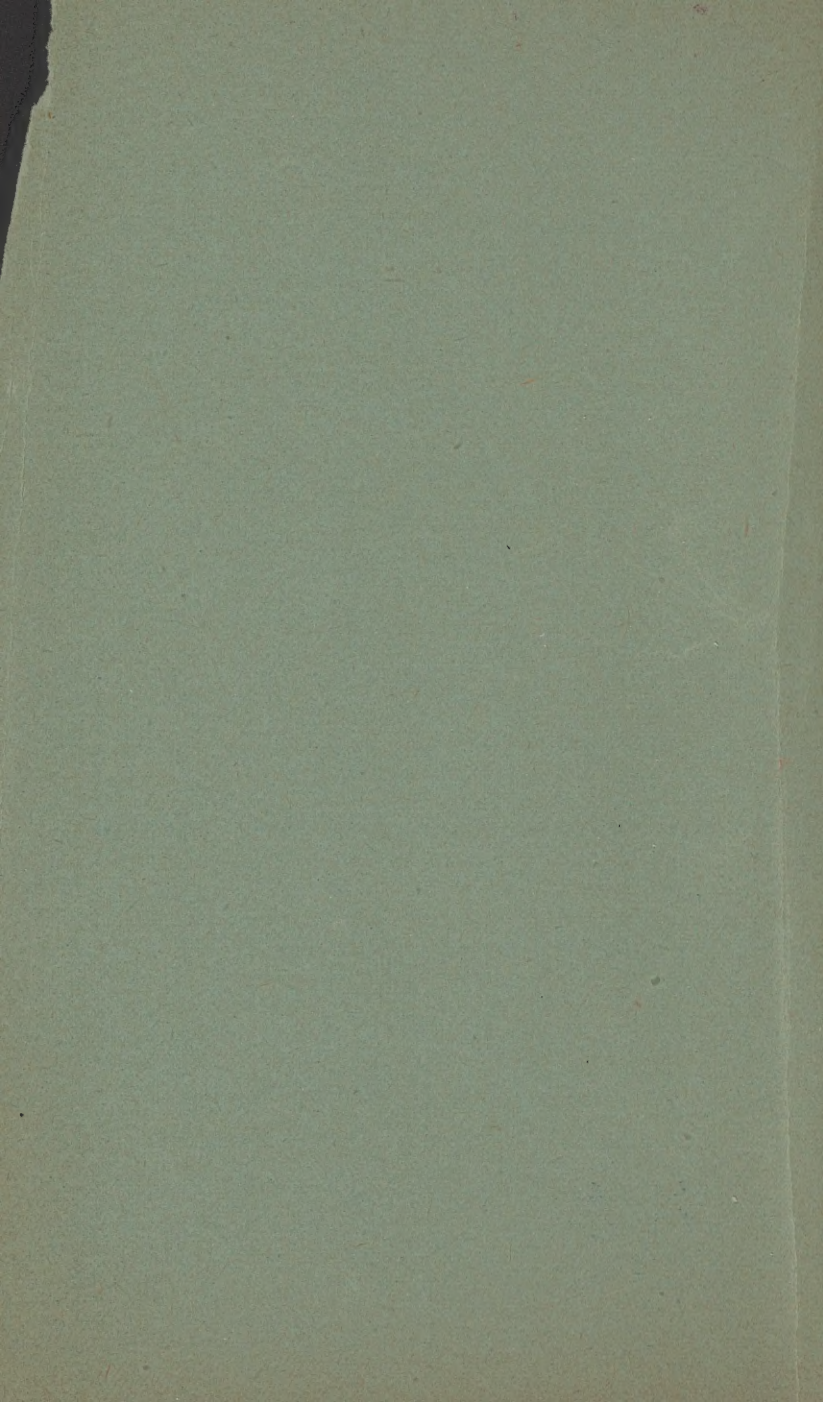
REPREHENSIBLE, DEBATABLE, AND NECES-
SARY ANTISEPTIC MIDWIFERY.

BY

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FROM
THE MEDICAL NEWS,
November 26, 1892.





[Reprinted from THE MEDICAL NEWS, November 26, 1892.]

REPREHENSIBLE, DEBATABLE, AND NECESSARY ANTISEPTIC MIDWIFERY.¹

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THERE are always some people whose nature impels them to push everything to such extremes that the best becomes distorted and injurious. Antiseptic midwifery has not escaped the common lot. In the name of this most excellent system things have been done, and are, perhaps, yet being done, that, far from protecting the parturient woman, expose her to greater danger than if she were left alone to give birth to her child unassisted by anybody.

In a recently-published work on obstetrics we read that of late in every case of delivery, not only the vagina but the uterus is washed out with a solution of carbolic acid or corrosive sublimate, immediately after delivery, or an Ehrendorfer's suppository pushed up into the womb beyond the internal os.

¹ Read before the Section on Obstetrics and Gynecology of the New York Academy of Medicine, October 27, 1892.



I suppose the author has good authority for this statement. To me, the thing is new—or rather, very old. Thirty years ago every patient delivered at the School for Midwives, in St. Petersburg, had her uterus washed out with a solution of chlorinated lime, two or three hours after delivery, which procedure was repeated several times during the first forty-eight hours.¹ Nowadays I am not aware that anybody uses prophylactic intra-uterine injections, and if they are used, it is hardly necessary to add that the practice is unjustifiable both from a theoretic and a practical standpoint. The normal uterus does not contain microbes, while the manipulations necessary for such a treatment might bring them there, not to speak of the danger of interfering with the thrombi closing the uterine sinuses.

Quite recently a French author has gone so far in his prophylactic antiseptic zeal that he administers a vaginal douche of a 1 : 2000 solution of corrosive sublimate twice a day, beginning *four weeks* before the expected time of confinement. During the last week he injects only once in two days, but then he places a tampon of iodoform-gauze in the vagina, changing it every two days and leaving it to be expelled by the child. After delivery there are again injections with corrosive sublimate and tamponing with iodoform-gauze, besides the application to the vulva of a pad impregnated with one of these substances.² It is almost amusing to see this misplaced

¹ O. von Grünewaldt: Petersburg med. Zeitschrift, 1863, vol. v, p. 28.

² Verchère: Centralblatt für Gynäkologie, 1890, No. 37, vol. xiv, p. 663.

activity in the light of the endeavors of others to simplify the antiseptic prophylaxis and the splendid results obtained in that way.

As belonging to reprehensible antiseptics, I would also reckon the use of vaginal injections of strong solutions of mercuric chloride before or after delivery. In another paper,¹ I have reported twenty cases of death from this drug in obstetric practice, to which I have added two new cases. I came to the conclusion that it was not safe to use a stronger solution than 1:5000 and not more than three pints.

It is now nine years since strict antiseptic midwifery was introduced in the Maternity Hospital, and the result has uniformly been, there as elsewhere, an enormous decrease in mortality and morbidity. During the nine years (1875-1883) preceding the introduction of the new treatment, 3504 women were confined, 146 of whom died, *i. e.*, 4.17 per cent. During the last six months before the change was made, 237 women were delivered, 19 of whom died, or 8 per cent.; and of these, 17, or 7.17 per cent., succumbed to sepsis. During the last month the total mortality reached even 20 per cent., and that from infection 15.69 per cent.

During the first three months after the change, from October 1, 1883, till January 1, 1884, we had 102 deliveries without a single death. From that time the mortality has been as shown in the following list:

¹ Garrigues: "Corrosive Sublimate and Creolin," *Am. Journ. of the Med. Sci.*, August, 1889, vol. xcvi, p. 109.

Year.	Deliveries.	Deaths.		Per cent.	
		Total.	From sepsis.	Total mortality.	From sepsis.
1884	522	8	4	1.53	0.76
1885	537	3	0	0.56	0.0
1886	446	5	1	1.12	0.22
1887	389	5	1	1.30	0.26
1888	377	3	0	0.79	0.0
1889	314	1	0	0.32	0.0
1890	345	4	1	1.13	0.29
1891	240	1	0	0.42	0.0
Total,	3170	30	7	0.90	0.19

Thus the total mortality has been reduced to between one-fourth and one-fifth of what it used to be. It is less than 1 per cent.; that from sepsis is less than one-fifth of 1 per cent.; and there have been whole years in which not a single patient has been lost in this way.

If these figures are eloquent enough to fill our hearts with joy, and to teach a lesson to the profession of this city and this country in general, a comparison with other institutions both here and abroad shows that yet better results might be obtained. Thus, the report of the Sloane Maternity shows that in the first 1000 cases only 6 were lost, and of these only 1 of septicemia.¹ Pippingsköld, of Helsingfors, had during the years 1884-1887, in an average of 650 deliveries per annum, a total mortality of only 0.29 per cent.² Mermann, physician to the Lying-in Asylum of Manheim, reached nearly

¹ James W. McLane: *Am. Journ. Obstetrics*, April, 1891, vol. xxiv, p. 417.

² J. Pippingsköld: *Centralbl. f. Gynäk.*, 1891, No. 33, vol. xv, p. 680.

700 cases before he had a death, and that was due to rupture of the uterus.¹ The late Carl von Braun, of Vienna, had 1004 consecutive cases with only 2 deaths.²

Dr. McLane nearly in every detail follows the same treatment as that in use in the Maternity Hospital. That the result in the latter institution is less good is probably due to the influence of the intimate connection with the City Hospital, to the presence of a large training school for nurses employed in both hospitals, and to the lack of experience in the constantly changing assistants.

The nature of the antiseptic measures used in the Maternity Hospital is known, or may be learned from my little book.³ The only change I have made in the course of these years has been to substitute creolin for corrosive sublimate for vaginal and intra-uterine injections. Since the 2 per cent. emulsion originally used caused rather severe smarting in some patients, I reduced the strength to 1 per cent. This drug combines the three valuable qualities of being a lubricant, an antiseptic, and a hemostatic, besides being so innocuous that it may be taken internally in large doses without causing the least disturbance.

The value of many of the details in our treatment is, of course, debatable, and perhaps open to improvement. Thus I think the routine use of ergot might be dispensed with. It is a remnant from a time

¹ Mermann: *Centralbl. f. Gynäk.*, 1891, No. 11, vol. xvi, p. 209.

² Herzfeld: *Centralbl. f. Gynäk.*, 1890, vol. xiv, p. 784.

³ Garrigues: *Practical Guide to Antiseptic Midwifery in Hospitals and Private Practice*. Detroit, Mich.: George S. Davis, 1886.

when the real antiseptic prophylaxis was yet defective. The last time I was on duty I did not use it, and did not see any disadvantage in consequence.

The question whether or not it is advisable to use vaginal disinfectants before delivery has of late years been much debated in Germany, and the clinical results obtained with both systems offer such contradictions that I do not think the answer can yet be given. While Leopold, Mermann, Glöckner and Keller, Szabó and Bumm, think that these increase mortality and morbidity, Frommel, Steffek, and others have had the opposite experience. Personally, I am opposed to rubbing or scrubbing the vagina, as some think necessary, but as to a vaginal injection before delivery, I believe yet that it is useful. It will remove both dirt and microbes, and if at the same time it removes a layer of thick mucus that lubricates the vagina and, therefore, protects the perineum, it is easy to see that new mucus is poured out in abundance to replace the first. While I think one vaginal douche is useful, I do not believe in repeating it, as the epithelium suffers, and even pus may begin to form by too much contact with fluid. After the birth of the child no vaginal injections should be given in normal cases, but only if it has become necessary to introduce the hand or instruments into the vagina. Intra-uterine injections are given on the same principle if the womb has been entered, or in cases of macerated fetus.

To cover the presenting part and the opening vulva with antiseptic lint is perhaps superfluous, but it often facilitates manipulations to have a cloth put on the presenting part, and if one is used it

ought, of course, to be disinfected. After the birth of the child, when the vulva is gaping, I take it to be still more important to cover it.

That the occlusion-dressing is not necessary appears from the fact that, for instance, in the large lying-in department in Vienna, they do not use any kind of cover for the genitals, and still have as good results as any. But admitting so much, I still have a great predilection for the occlusion-bandage, and think it ought to be kept up. It is dangerous to draw any conclusion from the results obtained in the case of poor German and Austrian women, hardened by field labor and numberless other hardships, as compared with those in the case of the women of our country, accustomed to much greater luxury, but probably paying for this privilege by greater vulnerability and less power of resistance. The dressing is exceedingly pleasant to the most refined ladies. It is particularly useful in poor private practice by keeping out dirt that might otherwise enter the genital canal from bedclothes or wearing apparel. By its porosity it sucks out the discharges from the vagina, and thus, to a great extent, prevents the formation of clots. A decided advantage is also its deodorizing property, which insures the purest and sweetest air even in wards in which half a score of confined women are gathered together.

Of late, Credé, Winckel, and others have written much against vaginal examinations. They go even so far as to declare that they should be avoided altogether in normal cases. By the patient's groans and abdominal palpation, they say, sufficient information about the nature and progress of the labor

may be obtained for the guidance of the physician. While I admit and have always taught that only few examinations should be made, and that in ordinary cases the examining finger should not penetrate beyond the external os, I think it is not only unnecessary, but wrong, to forbid vaginal examinations altogether. It is unnecessary, because with proper antiseptic precautions no infectious germs are introduced from without, and by not entering the uterus there is no risk of carrying up into that organ any that may have been left in the vagina. It is wrong, because the beginner will be deprived of a familiarity with what is felt in the vagina during labor, a knowledge that is indispensable for the recognition and treatment of abnormal cases.

Nurses, on the other hand, should not be taught to make vaginal examinations. Their report is in most cases unreliable; and less familiar with all the details of antisepsis, they may infect the patient before she ever comes in contact with the doctor.

While opinions differ among leading men in regard to these minor points, all agree as to the fundamental rules of antiseptic midwifery. Doctors and nurses must disinfect their hands and occasionally their arms, as for a celiotomy. The old-fashioned lubricants, oil, lard, butter, vaselin, etc., are banished. If, exceptionally, a substance of that sort is needed, it must be an aseptic preparation, such as carbolyzed mollin. The patient's skin and outer genitals are scrubbed and disinfected.

After the birth of the child not a finger touches the genital canal in normal cases.

If any part of the placenta is left behind it must be removed immediately.

All instruments are rendered aseptic by boiling, or strong antiseptic solutions.

The benefits of the antiseptic treatment in hospitals has been so enormous that all criticism has been silenced, and every doubt has vanished. From one end of the civilized world to the other the treatment is essentially the same, and our country is abreast of all others. But how different is it when we come to private practice. There was a time, and it is not more than seventeen years ago, when the mortality in lying-in hospitals was so large that the International Congress of Physicians and Surgeons, at Brussels, adopted resolutions to the effect that all such institutions should be abolished. Now the tide has turned. Now the hospital is the safe place to be delivered in. It is in the private dwelling that lurks the danger. The poorest, the dirtiest, the most dissolute women are safely confined in a lying-in asylum; the richest, the youngest, the purest, the loveliest, succumb in giving birth to a child at home. I am not prepared to furnish statistics, but my own personal experience is enough to teach me that in my own private obstetric practice I have neither death nor sickness, while in consultation practice I see frequent deaths from childbirth or abortion. We need not nowadays search for the cause of the difference. With our present knowledge we know that it is only that I use strict antiseptics, and most general practitioners do not. Some smile benignly at the mere idea of using such superfluous measures in private practice; others

have a little mercuric chloride or carbolic acid around the house, but use it without system or perseverance ; and yet, as our lying-in asylums are arranged, there is greater danger of the patient being infected by doctor or nurse in private practice than in the institutions. The young men who compose the house-staff of a lying-in asylum are strictly forbidden to enter the wards of a hospital ; they have no private practice ; they do not see an autopsy, and if, unfortunately, the asylum is a department of a general hospital, the nurses are subjected to a thorough disinfection as to their bodies and clothes, under the supervision of their superiors, before they go from one institution to the other ; while in private practice the physician may have treated a case of erysipelas or diphtheria the moment before he is called to the confinement, and nearly all private nurses take promiscuously medical, surgical, and obstetric cases, disinfecting themselves as best they know, or as the combat between natural laziness and acquired conscience will prompt them.

In my opinion, there should be no difference in the antiseptic prophylaxis in private and in hospital practice. Since we know from our hospital experience that the dangers that in olden times surrounded childbirth can nearly all be eliminated, is it not a shame, or well nigh a crime, to neglect, in dealing with women who pay us for our trouble, the precautions which we invariably use in gratuitous hospital practice ?

In this country the doctor has even the advantage over many others, that he has the confinement case from the very start in his hands, before any ignorant,

dirty, or conscienceless midwife has prejudiced the result by her baneful touch.

The expense of what is really needed for the antiseptic treatment is small; the treatment itself is pleasant; its effects are only beneficent. What, then, can be the objection to its universal use in private practice? In hospital practice the victory is ours all along the line. Now let us unite our efforts, let us set shoulder to shoulder, and let us join in a general attack on the opposition yet offered by the general practitioner in private practice. I beg to offer the following preamble and resolution:

"Whereas, experience both in this country and abroad shows that by strict antiseptic measures the total mortality in lying-in hospitals may be reduced to a few per thousand;

"Whereas, deaths due to childbirth or abortion are yet common in private practice;

"Resolved, That, in the opinion of the Section on Obstetrics and Gynecology of the New York Academy of Medicine, it is the duty of every physician practising midwifery to surround such cases in private practice with the same safeguards as are being used in hospitals."¹

¹ Preamble and resolution were unanimously adopted.

The Medical News.

Established in 1843.

A WEEKLY MEDICAL NEWSPAPER.

Subscription, \$4.00 per Annum.

The American Journal

OF THE

Medical Sciences.

Established in 1820.

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